TOWN OF FAIRVIEW

Nomination for appointment to:

(Board or Committee/Commission Name)

Name:	Date:
Home Address: _	
Work Address:	
	Work Phone:
Email Address:	
Please list any gov	vernment or non-profit board, committee or commission on which you
Please list any par	ticular experience or education which you feel qualifies you for the
	ce at board meetings is a requirement. Would you be able to commit to
this requirement?	
Board, Committee Town of Fairview	e or Commission appointments require that the individual be a current resident.
I have been a resid	dent of the Town of Fairview for years.
Signature of Appl	icant
Please return this	form to:
Town Clerk Town of Fairview 7400 Concord Hig Monroe NC 28110	ghway